Some time afterwards, during one of the violent fits of coughing, to which he was subject, a foreign substance, which proved to be a fish bone, cuboidal in shape, and a half-inch or more in diameter, was suddenly and forcibly ejected from the laryngeal opening upon the floor.

From this time forward, all the alarming symptoms began rapidly to abate, and at this time two years since, the individual above named is in perfect health.

The patient then recollected that a month or two previous to the appearance of the above named symptoms, while dining upon fish, he inhaled as he supposed a small portion into the air passages, but as it gave him but little trouble at the time, he thought no more of it, and did not, during his illness, suspect even the true cause of his sufferings.

Case III.—An individual fell upon the extremity of a blunt stick; which, piercing the clothing and integuments, passed into the cellular substance surrounding the lower part of the rectum. The opening thus produced assumed the character of a fistula, and remained open for a long time after the accident. The operation of laying open the cavity was at length performed which resulted in the discovery of a piece of cloth imbedded in the tissue at the bottom of the ulcerating canal.

Case of Empyema in which the operation for Paracentesis thoracis failed from a cause not generally noticed. By John A. Swett, M. D. (*New York Journ. of Med.*, Jan. 1847.)—The cause of failure in evacuating the pus in this case, was the existence of a false membrane lining the pleura costalis, and so loosely attached to it, as to be pushed before the point of the instrument, so that the cavity containing the pus was not opened. The possibility of this source of failure, is important to be borne in mind, and its occurrence should be guarded against by using a very sharp instrument.

Rheumatism with Hypertrophy of both Eyes. By Wm. M. M'Pheeters, M. D. (*St. Louis Med. and Surg. Journ.*, Aug., 1846.)—This case seems to have been one of periostitis of the orbit, or of rheumatic inflammation of the tunica vaginalis oculi, (see *Lawrence's Treatise on the Eye*, 2d Am. ed., p. 777 et seq.,) it is impossible from the imperfect details given to determine which, but it is interesting as affording additional evidence of the efficacy of the iodide of potassium in those complaints.

The subject of the case was a negress 15 years of age attacked in January, 1845, with intermittent fever which continued until late in the fall, with a severe pain in and over each eye, extending through to the back part of, and on either side of the head. This pain continued without intermission until the approach of warm weather, in April, when it gradually ceased. Dr. M. saw her once during this attack; the pupils of her eyes were perfectly clear and natural, exhibiting no unhealthy appearance whatever, either in size or colour. During the following summer she had occasional chills, which always yielded readily to the use of quinine; general health good, and presents no other marks of a strumous diathesis than is usually met with among negroes.

In January, 1846, the pain over the eyes and in the head again returned, but with much more severity than formerly; occasionally it was so violent as to throw her into convulsions. From the commencement of this pain the eyeballs began to enlarge and protrude, increasing as the pain continued until they became so large as to create alarm lest they should burst. In February, when the distension was very great, she was vomited every morning for ten or fifteen days with ipecacuanha, but without any material improvement, indeed the effort of vomiting rather increased the swelling of the eyes.

When seen by Dr. M'P. about the middle of March, she was "suffering the most excruciating pain in her head and eyes, which continued day and night—eyes immensely protruded, standing out an inch beyond their ordinary level, and presenting a hideous appearance—left eye larger than the right; a constant and copious flow of tears from both eyes; light very painful and sight imperfect. The eyelids, though greatly distended, could not reach entirely over the balls so as to protect them from the light; they were partially paralyzed by the distension and required to be moved by the fingers. No appetite; emaciation great; skin dry and husky; tongue covered with a thick, dark-coloured coat."

Dr. M'P. ordered her five grains of the hydriodate of potash, three times a day; to paint the eyelids daily with tincture of iodine—to keep a cloth wet with mucilage constantly over the eyes, for the purpose of excluding the light and keeping them moist—chronic blisters to the back of the neck; bowels to be kept open; frequent salt-water baths; and a mild, though nutritious diet. Under this treatment the patient improved rapidly—and when Dr. M'P. saw her again, May 5th, the pain had almost entirely gone; her eyes were very much reduced in size; appetite better; and her general condition improved. By the middle of May she was free from pain; her eyes were reduced down to the natural size; sight entirely restored; flow of tears arrested; and the patient so well as to be able to resume her ordinary duties as house servant. When seen on the 1st of July she had continued well.

On the cause of the Circulation of the Blood. By J. W. Draper, M. D., Prof. of Chem. &c. (*Lond., Ed. and Dub. Philos. Mag.*, Jan. 1846.) *Explanation of the General Physical Principle.*—If, in a vessel, containing some water, a tube of small diameter be placed, the water immediately rises to a certain point in the tube and remains suspended.

Let the tube be now broken off below that point, and replaced in the cup of water; the liquid rises as before, but though it reaches the broken extremity it does not overflow. A capillary tube may raise water to its highest termination, *but a continuous current cannot take place through it.*

Now, suppose a rapid evaporation of the liquid to ensue from the broken extremity of the tube, as fast as the removal of one portion is accomplished others will rise through the tube, and in the course of time the vessel will be emptied. By evaporation from the upper extremity a continuous current is established; a spirit-lamp, with its cap removed, is an example of this fact.

Or, if the liquid which has risen to the upper end of the tube be of a combustible nature, oil, for example, and be there set on fire, as the process of combustion goes on a current will be established in the tube, as in a common oil-lamp in the act of burning.

The principle which I wish to draw from these well known facts is, that though ordinary capillary attraction cannot determine a continuous flow of a liquid through a tube, there are very many causes which may tend to produce that result.

If a given liquid occupies a capillary tube, or a porous or parenchymatous structure, and has for that tube or structure at different points affinities which are constantly diminishing, movement will ensue in a direction from the point of greater to the point of less affinity. Or thus:

If a given liquid occupies a capillary tube, or a porous or parenchymatous structure, and whilst in that tube or structure changes happen to it, which tend continually to diminish its attraction for the surface with which it is in contact, movement will ensue in a direction from the changing to the changed fluid.

Application of this principle to the circulation of the blood.—Let us now apply these principles to some of the circulations which take place in the human system, and select for that purpose the four leading forms, the systemic, the pulmonary, the portal and the placental circulation.

The Systemic Circulation.—The arterial blood, which moves along the various aortic branches, contains oxygen which has been obtained in its passage over the air-cells of the lungs, an oxidation which is indicated by its bright crimson tint. On reaching its final distribution in the tissues, it effects their oxidation, producing heat; and as it loses its oxygen, and receives the metamorphosed products of the tissues, it takes on the blue colour characteristic of venous blood.

If now we contrast the relations of arterial and venous blood to the tissues, it is obvious that the former, from the fact that it can oxidize them, must have an intense affinity for them; but the latter, as it is the result of that action after all affinities have been satisfied, must have an attraction which is correspondingly less.

Arterial blood has therefore a high affinity for the tissues; venous blood little or none. But the change from arterial to venous blood takes place in the manner I have just indicated; and therefore, upon the first of the foregoing general rules, motion will take place, and in a direction from the arterial to the venous side.